

**Questions & Answers
on Barrier Screening Tool and Formal Assessment
August 1, 2003**

- 1. When a participant brings in a doctor's note stating that s/he cannot participate and the participant refuses to cooperate with obtaining a full formal assessment, is the agency required to comply with the doctor's note?**

The participant's self-report of a barrier or a physician's statement as to the inability to participate must be considered as part of the process of assessing for barriers. However, this information is not sufficient by itself to confirm the existence of a barrier. The agency must use this information in conjunction with a formal assessment and other substantiating information (e.g., behavioral cues, low Test of Adult Basic Education (TABE) score, pattern of non-participation without good cause) to make a factual determination of a barrier. The worker should attempt to have the full medical capacity form completed by the participant's physician to meet the formal assessment requirement. If the participant refuses to cooperate with having the physician complete the medical capacity form, and there are unresolved factual issues as to a participant's barrier, the W-2 agency must proceed to work with the participant as though the participant does not have that barrier.

Keep in mind that policy says:

The FEP must offer assistance to the participant when requesting the necessary elements (of a formal assessment) from the agency or individual who performs the formal assessment. The Medical Examination & Capacity Form, DES form 2012, may be used to obtain formal assessment information (see 5.2.1.1 of W-2 Manual).

If the assessing agency fails or refuses to provide all of the necessary elements, the FEP must consult with a W-2 agency manager to determine if the participant should be referred to another qualified assessing agency to obtain the outstanding assessment information. If it is determined that no other options exist for gathering the assessment information, the FEP must document in case comments all actions taken to obtain the needed information. The participant cannot be sanctioned or denied eligibility when the assessing agency fails or refuses to provide the needed assessment information.

- 2. What is the policy concerning the inability to complete the BST due to the participant's health? This individual was very ill when we opened W-2 and almost immediately went into the hospital with a life-threatening illness. Her doctor is estimating that it will be four to six weeks before she is released from the hospital.**

If the participant is incapacitated to a point where s/he is unable to complete the BST, the requirement to complete the BST within 30 days is waived until the participant is again able to participate. The worker must document in case comments the reason for postponing the BST.

- 3. There was a lot of concern about entering comments while administering the BST due to the new HIPPA regulations. The latest Q & A indicated that the**

comments sections within the BST should be used to 'document the information that the participant has disclosed'. I'm thinking that because of the security within the system that this means that we can record statements regarding diagnosis, treatment plan, etc.

Administrator's Memo 03-09 informed W-2 agencies that they are not bound by the Health Insurance Portability and Accountability Act (HIPAA, not HIPPA). Given the security that was developed around the BST automation, workers can securely document information stated by the participant about known disabilities or other health conditions in the automated tool. But anything that is documented should be relevant to determining if a formal assessment is needed.

- 4. If an individual agrees to take the BST, then declines to respond to a few questions, does the system pick those up as any kind of indicator for a formal assessment?**

Any questions that are declined in the BST are not used in the scoring process and therefore are not part of the determination to refer the individual for formal assessment.

- 5. Can an FSET case manager who is also a FEP with BST training administer the BST to her FSET participants?**

Yes, as long as the person has been through the necessary training.

- 6. Is a hard-copy of the BST available, which could be administered in a paper-pencil format?**

A paper version of the BST is now available on the BST website (<http://www.dwd.state.wi.us/dws/w2/bst/default.htm>).

Keep in mind that there are some slight differences between the paper version and the automated version. The paper version does not have the space for the participant to decline a question, so the worker will have to indicate that in the margins. Also, there are not all the enhancements such as the automatic scoring and the follow-up summary screen with action steps.

After a paper version of the BST is completed, the worker will need to follow-up by entering the responses in the automated version and follow-through with any actions steps on the Follow-Up Summary Screen in order to get appropriate credit for completing the screening with the participant.

- 7. If a barrier gets posted on WPBD based on what was entered on the BST do we have to post it on WPCH? If so, what completion code would we use if we refer them but they never follow up and how long do we leave them sit?**

The assignment of the assessment should be made on WPCH. If the participant is not cooperative with that assignment, the worker should indicate this using the completion code K, Failed to Participate - Not good cause. If it is clear that the participant has no intention of complying, it is not necessary to keep the activity

open. But the worker should be documenting in case comments what attempts were made to help the participant follow-through with the activity.

- 8. Prior to BST we had referred someone for MH (Mental Health) and entered this on WPBD. A formal assessment was done and she was placed in a W2 T. Now at review, BST posted RM (At risk for Mental Health limitations) on WPBD. Should we have both of them on there when they are for the same issue?**

If an earlier formal assessment indicated that the participant has mental health problems, the agency does not need to post the at-risk code on WPBD. They should be sure that Mental Health has been identified as a barrier on WPBD and that all other appropriate entries (formal assessment completed, recommended accommodations, etc.) are also completed on that screen.

- 9. We had a question about an individual that the worker/supervisor said was certain she would agree to do the BST, but will NOT sign the agreement form (she doesn't like to sign forms). If this is the case, and the worker cannot persuade her to do that, should they administer the BST?**

If the participant is willing to complete the BST but refuses to sign the BST Agreement form, the worker should administer the BST. The worker should also document on the agreement form and in case comments that the participant verbally agreed to complete the BST but refused to sign the agreement.